

May 29th. My patient visited me to day, having come twenty-five miles; he was so much improved in health that I did not recognize him. Examined the cicatrix and found it perfectly sound—could not discover any remains of aneurismal tumour—felt the epigastric artery much enlarged and beating strongly, and a feeble, though distinct pulsation in the femoral artery immediately below the crural arch. The leg has its natural temperature and feeling, and he says it is as strong as the other.

Much credit is due the patient for his firmness on the occasion; although apprised of the great danger attending so formidable an experiment, and the uncertainty of its result; yet with a fortitude unshaken, and a full conviction that it was the only chance of prolonging his life, he cheerfully and resolutely submitted to the operation.

The gratification his visit afforded me is not to be imagined, save by those who have been placed under similar circumstances. The perfect success of so important and novel an operation, with the entire restoration of the patient's health, was a rich reward for the anxiety I experienced in the case, and in a measure compensated for the unexpected failure of my operation on the *arteria innominata*.

New York, 25 Park Place, October 15th, 1827.

ART. X. *Notices of some Anomalous Cases of Dropsy.* By N. CHAPMAN, M. D.

IT is a common remark of writers, that in the commencement, as well as throughout the subsequent stages of dropsy, particularly ascites, there is sometimes almost as much distress from flatulence, as by the accumulation of the fluid. For this and several other reasons, I once thought it not unlikely, that occasionally the blood-vessels may, instead of a serous effusion, secrete a gas, which by some process not understood, might be converted into a fluid state. That the blood-vessels are capable, and do exercise such an office, has been shown by Mr. HUNTER, and is rendered probable by a variety of facts. Dropsy, I have seen in several instances to follow flatulent colic—and I had, some years ago, under my care, in consultation with the late Dr. WISTAR, the case of a boy, which strongly supports the hypothesis.

Having become heated and fatigued by skating, he laid on the ice, and after a time, was seized with colic, attended by a distention of the abdomen, amounting to tympanites. By carminatives, opiates,

and external warmth, he was speedily relieved of pain, but on our next visit, a few hours afterwards, we were astonished to find that he laboured under ascites, with œdema of the lower extremities, which proved exceedingly tedious, though he finally recovered.

During the summer of 1825, I had under my care a lady from the country, who, after eating watermelon and some other fruit, was attacked, according to her report, with violent colic, followed immediately by tympanitic distention. On examination I found she had confirmed ascites with œdematous swellings of her feet and ankles, from which she was relieved by copious diuresis and watery discharges from the bowels.

It seems, moreover, that dropsy may be induced by repelled perspiration, or in other words, by an inverted action of the exhalents. Cases to this purport have also come under my notice. Not many years ago, I attended a gentleman, with Dr. Physick, who, returning from a tiresome and dusty ride, went into a warm bath. The water was so uncomfortably hot, that he could scarcely bear it. He, however, continued in it for half an hour, and on coming out felt chilly and soon experienced the distention of ascites, and finally died of universal dropsy.

Nearly about the same time I was called to another gentleman, in consultation with Dr. Physick also, with general dropsy, who traced its commencement directly to his having imprudently plunged into a cold bath, whilst heated and sweating from exercise. Each of these individuals was in the meridian of life, of robust constitution, and previously in the enjoyment of perfect health.

These are anomalous cases, apparently exceptions to the doctrine of the universal and inseparable connection of dropsy with inflammation. But, perhaps, they may be reconciled to it. In the instances, for example, which were preceded by colic and tympanitic distention, it is not altogether unreasonable to suppose that the irritation was extended to the peritoneum, exciting phlogosis—and in relation to the others, succeeding to the use of the hot and cold bath, it is more manifest that there was a metastasis of the irritative impression made on the dermoid, to the serous tissue, and the effusion resulted accordingly. The external and internal exhalents act pretty much reversely, whatever is gained by the one is lost by the other, and very often there is an entire vicarious assumption of office respectively. The functions of the skin being suspended, what is more usual than to see some inward surface or organ increasing its efforts to compensate the loss. Generally, we have under these circumstances, watery diarrhœa, or an augmented urinary discharge. But imagine, that in-

stead of the bowels or the kidneys being thus affected; the peritoneum were excited, should we not be presented with hydropic results?

The doctrine, as now received, presumes that ascites is invariably the effect of pre-existing peritonitis, and especially of the sub-acute or chronic state of it, all the remote causes of the disease uniting to produce such an effect. Cases, however, of ascites, do sometimes follow the acute species of peritonitis, though always I believe, when it is originally weak, or much reduced and delicately diffused. The extravasation of coagulable lymph, or the secretion of pus is uniformly the product of it under opposite circumstances. But having so recently presented my views of the pathology of dropsy, I shall not here resume the subject.*

ART. XI. *Note of an interesting fact connected with the Physiology of Vision.* By JOHN D. GODMAN, M. D.

THE inverted images formed upon the retina in consequence of the passage of the rays of light through the apparatus constituting the anterior part of the eye, is well known not to lead to any inaccuracy of judgment as to the position of objects, in case the other senses are in their natural conditions. The following instance communicated to me by REUBENS PEALE, Esq. the uncle of the young man, is the only one with which we are at present acquainted, where the inversion of objects upon the retina was productive of inaccuracy of judgment as to position, notwithstanding all the other senses were in their ordinary condition, and the individual had arrived at the age of seven years.

When his father, who was a distinguished artist, began to give him lessons in drawing, he was very much surprised to find that whatever object he attempted to delineate, he uniformly inverted. If ordered to make a drawing of a candle and candlestick set before him, he invariably drew it with the base represented in the air, and the flame downwards. If it was a chair or table he was set to copy, the same result was the consequence; the feet were represented in the air, and the upper part of the object, whatever it might be was turned to the ground. His father, perplexed at what he considered the perverseness of the boy, threatened, and even did punish him for his supposed folly. When questioned on the subject, the youth stated that he drew the objects exactly as he saw them, and as his drawings were in other respects quite accurate, there was no reason

* Vide Philadelphia Journal of the Medical and Physical Sciences, Vol. IV. N. Series, No. 8. p. 298.

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